

## **KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD**

### **BEHAVIORAL HEALTH SUBCOMMITTEE**

#### **Meeting Minutes**

**February 24, 2014**

#### **Call to Order and Roll Call**

The ninth meeting of the Behavioral Health Subcommittee was held on Monday, February 24, 2014, at 1:30 p.m. in Conference Room 12C at the Office of the Kentucky Health Benefit Exchange. Julie Paxton, Chair, called the meeting to order at 1:35 p.m., and the Secretary called the roll.

Subcommittee Members Present: Julie Paxton, Chair; Kathy Lower (by phone), Elizabeth McKune, and Sheila Schuster. Gabriela Alcalde, Commissioner Mary Begley, Dr. Richard Edelson, Nancy Galvagni, Kelly Gunning, David Hanna, Jennifer Nolan, Susan Rittenhouse, Steve Shannon, Jordan Wildermuth, and Marcus Woodward were not present at the meeting.

Staff Present: Carrie Banahan, Miriam Fordham, William Nold, and Sherilyn Redmon.

#### **Approval of Minutes**

A motion was made to accept the minutes of the June 27, 2013, meeting as submitted, seconded, and approved by voice vote.

#### **Update on Exchange Activities**

Carrie Banahan, Executive Director, Office of the Kentucky Health Benefit Exchange (KHBE) updated the subcommittee on Exchange activities. This past summer, CCIIO and HHS certified the Kentucky state based exchange. Exchange operations began October 1, 2013 with the beginning of open enrollment. Implementation was smooth technologically. As of today, 251,000 people have enrolled in kynect. Approximately 75% of this total is eligible for Medicaid, with the remaining 25% enrolling in QHPs. Additionally, over 60,000 individuals have enrolled in a stand-alone dental plan. Open enrollment ends on March 31, 2014. The open enrollment period for next year has been revised to November 15, 2014 through January 15, 2015.

The kynect website has been busy, routinely with over 2000 concurrent users. Approximately 3000 – 4000 people are enrolling daily. DCBS delayed their usual recurring review and case maintenance for January through March in order to work on kynect enrollment. Overall enrollment has been well beyond what was expected. Over 195,000 have enrolled in the Medicaid program. There have been individuals enrolling in Medicaid who would have qualified under the previous rules, but the majority of enrollees in Medicaid are able to enroll through the expansion. It was noted that, out of QHP total enrollment, 26% of enrolled individuals were less than 35 years of age. Additionally, 44% of total enrollments in kynect were under age 35. kynectors have been doing an excellent job in assisting people with enrollment in the kynect. Subcommittee members noted that Kentucky's state based exchange has been praised nationally.

Form filings for insurers are due to the DOI by April 30 of this year, and rate filings are due by May 31. Issuers have been certified by the kynect for 2 years, which means that if an issuer changes nothing, they are still certified. Issuers must be certified by September 30 in order to participate in kynect. Issuers will have the month of October for testing, since open enrollment for the 2015 plan year begins on November 15.

The Coop currently has the largest market share of the QHPs, followed by Anthem and Humana. In the dental market, Anthem has the largest market share, followed by the Dental Concern, which is a Humana company, and then Best Life. A question was raised as to why the Coop enrollment was higher, given that they were a new company. It was noted that their rates are lower. The Coop leased their provider network in order to be ready to participate in the kynect in 2014, so that they would meet network adequacy standards. The coop is currently in negotiations with providers to contract for the 2015 plan year.

The SHOP program needs improvement. It is a COTS product, which is XX off the shelf, so it was not customized to Kentucky's specifications. The biggest complaint has been that agents cannot get a rate quote from the SHOP without loading the entire company roster. Largely because of this issue, the system has been noted as hard to compare among insurers and difficult to use. Many small employers early renewed with their current insurers and kept their old policies in force, which may not be ACA compliant. As plans renew each month, there will be special enrollment periods in the SHOP, so that companies may enroll throughout the year. The SHOP offers employer choice, meaning that an employer may choose to offer only one or several different policies to their employees. The SHOP currently has 32 employer groups participating with over 220 employees, not including dependents.

Kentucky Access, the state's high risk pool, had 3500 individuals enrolled at December 31, 2013. It ended as of January 1. 1600 of these individuals had enrolled in kynect as of the end of January. The Exchange will perform another data match at the end of February to see how many more of those individuals may have enrolled. Most Kentucky Access participants were middle to upper income, and were therefore probably not eligible for APTC. The federal high risk program was the PCIP program. This program is also closed. The question was raised as to whether it could be determined how many Kentucky participants from that program are now participating in the kynect. Since it is a federal program, it could be difficult to obtain that information. Further investigation will be made to determine whether this comparison is possible.

Beginning Ash Wednesday, the Exchange will start a March Madness theme, since open enrollment ends March 31. Individuals must have enrolled in the exchange by March 31 in order to participate in the 2014 calendar year.

More than 2000 agents have been trained and authorized to sell insurance through the exchange. Agents have assisted with approximately 10% of the applications in the individual market.

### **Behavioral Health Issues for 2015 Plan Year**

The Exchange has received some pharmacy complaints, but has not received any complaints regarding accessing behavioral health services at this time. The Exchange has also not received any complaints about lack of parity.

There are continuing issues with payment for professional services, especially for those who operate under supervision. Many of these are currently licensed, but there are also plans for registered behavior technicians, who are only high school equivalency individuals to provide care, under

supervision of Bachelor's degree level individuals, who in turn are supervised by Masters level individuals. Ms. Schuster expressed some concern whether insurers would want to cover services under this type of plan. There was discussion concerning alcohol and substance abuse services, which has a bill coming under review during this legislative session.

### **Other Business**

There is continuing problems with Medicaid managed care organizations concerning medical necessity. All MCOs have now changed to national review program, generally Interqual, with the exception of Coventry Cares, who is continuing to use in-house criteria. Individuals may appeal, but often the decision will be remanded back to the hearing officer, upon review by the Secretary of the Cabinet. There is not a process available for external review.

William Nold, Deputy Executive Director, relayed a conversation that he had with the CFO of St. Claire Medical Center in Morehead. This individual noted that St. Claire Medical Center normally has approximately \$2 million per month in uncompensated care. He stated that, during January, their uncompensated care had decreased \$500,000. This was unexpected for only the first month of insurance coverage provided by the Exchange. Executive Director Banahan asked whether the CMHCs may have noted an increase in revenue, with a corresponding decrease in uncompensated care.

The next Behavioral Health Subcommittee meeting will be held at 1:30 pm on Monday, June 23, 2014 at the Office of the Health Benefit Exchange.

### **Adjournment**

The meeting adjourned at 2:55 p.m.